



Commissioner for Patents  
Washington, DC 20231  
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CONFIRMATION NO. 3731

Bib Data Sheet

SERIAL NUMBER 09/754,547	FILING DATE 01/03/2001 RULE	CLASS 707	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 4239P003
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**APPLICANTS**

Alain T. Rappaport, San Mateo, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/174,369 01/04/2000  
and claims benefit of 60/140,102 06/18/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 02/15/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

08791

**TITLE**

Method, apparatus and system for providing targeted information in relation to laboratory and other medical services

FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 3731

Bib Data Sheet

SERIAL NUMBER 09/754,547	FILING DATE 01/03/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. 4239P003
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**APPLICANTS**

Alain T. Rappaport, San Mateo, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/174,369 01/04/2000  
 WHICH CLAIMS BENEFIT OF 60/140,102 06/18/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None PP

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 02/15/2001**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Rachel Potts</i> Allowance Examiner's Signature	Initials			

**ADDRESS**

08791

**TITLE**

Method, apparatus and system for providing targeted information in relation to laboratory and other medical services

<b>FILING FEE RECEIVED</b> 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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